



DEPARTMENT OF ECONOMIC DEVELOPMENT

STATE SUPPLEMENTAL DOWNTOWN PRESERVATION FINANCING PROGRAM APPLICATION – Part I

Applicant

Name			
Street Address	P.O. Box	City	Zip Code
Name of Applicant's Contact Person		Title	
Street Address	P.O. Box	City	Zip Code
Telephone Number	Fax Number	E-Mail Address	

Developer

Name			
Street Address	P.O. Box	City	Zip Code
Name of Developer's Contact Person		Title	
Street Address	P.O. Box	City	Zip Code
Telephone Number	Fax Number	E-Mail Address	

Development Project

Name of Project	Proposed Baseline Year
General Description of the Project	
Date Development Plan Adopted	County in Which Project Located
Total Amount of Sales Tax Requested:	

**STATE SUPPLEMENTAL DOWNTOWN PRESERVATION FINANCING PROGRAM
APPLICATION – Part I (cont.)**

Attestation	
I certify that I am authorized to submit this Application on behalf of the Applicant named above and that the information in this Application (Part I and Part II attachments) is, to the best of my knowledge, true and complete. Applicant understands and agrees to timely supplement this Application in the event of change.	
Signature	
Name (Printed or Typed)	
Title	Date
An original plus five (5) copies of the Application and all supporting documentation should be submitted to: Missouri Department of Economic Development Development Finance 301 West High St., Rm. 770 P.O. Box 118 Jefferson City, MO 65102	